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Penicillin Allergy Can Be Curtailed in Polio Shots

A California physician has advised persons with a history of penicillin allergy to ask their physicians for penicillin-free vaccine when receiving polio shots.

Dr. Murray C. Zimmerman, Whittier, California, said there is sufficient penicillin in most polio vaccines "to cause allergic reactions in exceptional patients highly sensitive to penicillin."

These vaccines have penicillin concentrations ranging from 1 to 200 units per cubic centimeter. On the other hand, he said, penicillin-free vaccines have less than 0.001 units per cubic centimeter.

These observations appear in the August 9 issue of the Journal of the American Medical Association.

In the event penicillin-free vaccine is unavailable, Dr. Zimmerman suggests an injection of penicillinase (Neutrapen) before the polio vaccination is given. Penicillinase destroys penicillin but has no effect on any other constituent of poliomyelitis vaccine.

"Penicillinase eliminated all symptoms of allergic reaction in about 95 per cent of approximately 200 previously reported patients with penicillin allergy.

"Over 80 per cent of patients obtain clearing of the reaction with one injection," Dr. Zimmerman reported.

Surgery for Patent Ductus Arteriosus Needed in Very Early Life

Surgical correction of patent ductus arteriosus, a congenital heart defect, should be done before a child reaches the age of five, even if he shows no symptoms, two Ohio surgeons stated.

Writing in the May 24 issue of the Journal of the American Medical Association, Drs. H. William Clatworthy Jr. and Victor G. McDonald Jr., Columbus, said the "optimum age" for performing the operation has not been clearly defined, although it usually has been considered to be between six and 12, unless signs of heart failure appear. However, failure to correct the defect in early life may expose the child to the "needless threat" of retarded growth, heart and lung malfunction, and other serious complications.

Of 63 patients under the age of 16 years who were operated on at Columbus Children's Hospital during a seven-year period, nearly 50 per cent were younger than five years. Among the 63 patients there

were no deaths or any serious postoperative complications.

In general the postoperative course was smoother in the younger children, even though the majority of them showed serious symptoms, were badly underweight, and often suffered from the heart's inability to maintain adequate circulation.

On the basis of the study, the physicians concluded that the operation should be performed on any child who shows symptoms as soon as the diagnosis is established and on children without symptoms before they reach the age of five years.

Failure to eradicate the defect may expose the infant with symptoms to progressive failure of the heart to maintain adequate circulation and the young child to the needless threat of cardiorespiratory disability, growth failure which may not be entirely reversible, and to such additional serious complications as endarteritis, degenerative disease of the major and minor pulmonary vessels, and irreversible pulmonary hypertension.

American Medical Association Adopts New Code for Physicians and Lawyers

A new "National Interprofessional Code for Physicians and Attorneys" was approved by the House of Delegates at San Francisco. The code will serve as a suggested guide for physicians and attorneys in their inter-related practice.

The code was formulated by a joint national medicolegal liaison committee made up of representatives of the American Bar Association and the American Medical Association. The three A.M.A. representatives were Drs. David B. Allman, Hugh Hussey and George Fister. Besides drawing up this new code, the joint committee considered such things as the encouragement of state and local medicolegal meetings, medical professional liability problems, medicolegal forms and the possibility of

establishing medicolegal courses in law schools and medical schools. The code was prepared in general terms to permit its adaptation in the light of local conditions.

The preamble of the code states that it "will serve its purpose if it promotes the public welfare, improves the practical working relationships of the two professions, and facilitates the administration of justice."

Various sections cover such topics as medical reports; conference between the physician and the attorney; subpoena for medical witness; arrangements for court appearances; physician called as witness; fees for services of physician relative to litigation; payment of medical fees; implementation of the code at state and local levels and consideration and disposition of complaints.

-A.M.A. Secretary's Letter

Catholic Charities Assail Government Handouts

The National Conference of Catholic Charities made it clear that it wants no help from government in the field of hospital and medical group insurance.

Testifying recently before a House committee in Washington, which is considering changes in the Social Security Act, Msgr. John O'Grady, secretary, said that over-all government relief programs "represent the welfare state in its most complete form."

The monsignor added that "at this time, we are

not sympathetic about having the federal government enter the field of hospital and medical group insurance. We believe that it brings the federal government too close to the problems of family life. It is an entire departure from the objectives of a social insurance program."

Monsignor O'Grady added that the studies of the aging made by Catholic charities "do not justify our supporting a program for the entrance of government into the field of hospital and medical group insurance."

-A.M.A. Secretary's Letter

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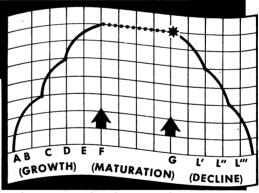
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*Chappel, C.C., J.A.M.A., 162: 1414, (Dec. 8) 1956

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Air Conditioning is Healthy

Air conditioning—custom tailored climate means much more than mere cooling.

Properly used, air conditioning implies yearround modification of humidity, air currents, and dust content of air as well as combating cold or heat, stated an article in the July issue of Today's Health, a publication of the American Medical Association.

According to the author, J. C. Furnas, Lebanon, New Jersey, air conditioning "rescues hay fever sufferers from airborne pollen and keeps heart patients at recommended even, moderate temperatures.'

It can, he said, "be distinctly 'good for' the healthiest . . . because it takes much of the curse off the bullying heat and smothering humidity of our temper-gnawing, energy-sapping summers."

In order to derive the full benefits from air conditioners, people must learn to keep windows and doors shut. The air conditioner is designed on the assumption that it alone will be processing your indoor climate. "It needs no amateur help," the author stated.

Most people agree that air conditioning is helpful, but ideas of temperature comfort can also vary among individuals. "Humidity itself rules out any

(Continued on Page 30)



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Air Conditioning is Healthy

(Continued from Page 24)

possibility of settling on an 'ideal temperature' for human beings."

A housewife who feels all right at 75 degrees with 50 per cent humidity will swelter if it goes to 80 per cent. Drop the humidity to 20 per cent and she will be chilled. This is a sound reason for keeping the doors and windows shut. "Letting in untreated outside air destroys the humidity-temperature balance on which comfort depends."

Considerable debate still exists over the proper setting of the thermostat. In warmer parts of the country air-conditioned families often go for the fixed-level theory, ignoring outdoor conditions.

The author recommends, however, a 15 degree spread between the inside and outside temperature. "Thanks to the humidity angle," he said, "this 15 degree spread gets practically all the potential comfort out of home air conditioning."

With an efficient air conditioner keeping interior humidity at the proper 40-50 per cent level, even 80 degree temperature indoors to match 95 degrees outdoors will not be at all oppressive.

"'It's not the heat; it's the humidity' may be trite," he said, "but it's the backbone of sound air conditioning."

"The Unsugared Pill"

A recent Sunday edition of the Omaha, Nebraska, World-Herald carried a down-to-earth, editorial analysis of the British Health scheme, which celebrated its 10th anniversary in July.

The editorial was based on an article in the London Economist. Both papers agreed that the British plan after 10 years is a failure.

The Economist reports that today little is heard of the rosy promises of the socializers 10 years ago. The British, the paper said, have learned that government cannot reduce sickness simply by providing a so-called free treatment. And the people have learned that as taxpayers they are spending a lot more for medical treatment than they did as paying patients.

"The Economist's report is particularly enlightening," said the Omaha World-Herald, "because there has been so much propaganda in America recently about the magnificent, overwhelming success of Britain's 'free' medicine. The facts indicate that it's not very good and that its problems are growing.

"The British experience is a pretty good argument for keeping the private medical system which we Americans now have."

-A.M.A. Secretary's Letter

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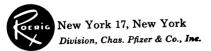
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Executives Show Less Vascular Disease Than Nonexecutives

Being an executive doesn't necessarily mean that you have high blood pressure or hardening of the arteries.

In fact, a recent five-year study of more than 2,000 individuals showed that executives had less hypertension and arteriosclerosis than did nonexecutive office workers of comparable sex, age, and work environment.

The study, reported in the June 19 issue of the Journal of the American Medical Association, was made by Dr. Richard E. Lee, New York Hospital-Cornell University Medical College, and Dr. Ralph E. Schneider, New York University College of Medicine.

The authors defined an executive as a person dealing with policy formation and implementation. The 1,171 male executives studied ranged from "top executives" (board directors, corporate officers, and general managers) to "minor executives" (division heads, auditors, and others of lesser rank than department heads).

Also studied were 1,203 nonexecutives, of whom 563 were women. They included stenographers, secretaries, clerks, assistant supervisors, and supervisors.

Of the executives, 12.3 per cent had some type of high blood pressure, as did 15 per cent of the male nonexecutives over 40 years of age. Arteriosclerosis of some type was found in 7.8 per cent of the executives and 15.4 per cent of the nonexecutives.

No significant relationship was found between the incidence of heart attacks and the level of business responsibility. Heart attacks occurred in 3.7 per cent of executives and 5.1 per cent of the nonexecutive males over 40.

Among the reasons suggested by the physicians for the less than expected rate of executive vascular disease is that these men have learned the value of "escape valves" and the need for outside avenues of expression, such as hobbies.

"The lack of an increased incidence of hypertension among executives as a 'stress' phenomenon further emphasizes the importance of reaction by the individual to his environment rather than the physical and intellectual demands of that environment per se."

"Stress is a relative and a subjective matter. When the inherent capacities of the individual to perform fail to measure up to the demands of his world, the harmonious balance between the subject and his environment is disrupted and a stress reaction takes place." This occurs, they added, "regardless of whether the factor in the external environment is a speedily approaching deadline for a frantic technical assistant or the threatened failure of a large business venture for the director in charge."

(Continued on page 40)

E. Vincent Askey Honored

Dr. E. Vincent Askey, Los Angeles, speaker of the A.M.A. House of Delegates, was honored recently at the 143rd commencement of Allegheny College in Meadville, Pennsylvania. He was given an honorary degree of doctor of science.

An accompanying citation praised Dr. Askey's long service in behalf of American medicine and also commended his civic work. Despite a busy practice, the citation said, Dr. Askey has found time to serve as "a member and president of the Los Angeles City Board of Education; combining

high ideals, responsible citizenship, and distinguished professional achievements."

-A.M.A. Secretary's Letter

Executives Show Less Vascular Disease Than Nonexecutives

(Continued from Page 36)

In conclusion, the authors wondered if "at least a part of the recent emphasis on dangers of executive life to the vascular system may be based more on knowledge of the exceptions rather than of the rule."



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Teen-Agers Shying Away From Socialized Medicine

The Purdue Opinion Panel of Purdue University surveyed thousands of representatives of high school students in every part of the nation to learn what they really know about sound medical principles for keeping fit. The results of that survey were carried in the press recently, and there was one portion of interest to physicians.

The survey report said that families of 70 per cent of today's teens carry health insurance, and it then pointed out that the tremendous growth of private medical insurance programs is credited with turning teen-agers increasingly away from socialized medicine. In the poll on the subject, 52 per cent of young people thought the government should establish a permanent system of providing medical services for all, with 22 per cent opposed and 26 per cent undecided.

But the significant point was that these figures represent a change from opinions expressed in 1948, when 80 per cent of teen-agers approved of socialized medicine, 11 per cent disapproved and 9 per cent were undecided.

-A.M.A. Secretary's Letter

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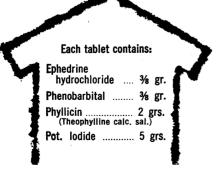
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American Medical Association to Alert Public Against Food Fads

The American Medical Association recently announced plans for a concerted program to alert the public to the dangers of substituting "food fads" for sound nutrition.

Dr. F. J. L. Blasingame, executive vice-president of the American Medical Association, pointed out that millions of Americans are influenced by nutritional products of questionable merit.

"We feel it is our duty to warn against abandoning the traditional 'three square meals a day' and the principles of sound nutrition for the pills and schemes of food faddists," he said.

The United States Food and Drug Administration and the National Better Business Bureau are cooperating with the American Medical Association in this program.

Food and Drug Commissioner George P. Larrick, Washington, D. C., in commenting on the problem said, "Our food supply is unsurpassed in volume, variety, and nutritional value; our medical care is unexcelled. Yet food faddists and some promoters circulate false ideas about food and nutrition which can be dangerous to health."

The American Medical Association's educational program will be conducted via television, motion pictures, public meetings, newspapers, and magazines. One is a 28-minute motion picture produced in Hollywood for use on television and for showings to club, church, and school groups. Titled "The Medicine Man," the 16-mm. black-and-white film exposes two types of nutritional "quacks"—the health food lecturer and the door-to-door food supplement salesman who makes unwarranted claims for his product.

A second aid in the campaign is a 20-foot exhibit designed for display at state and county fairs under the auspices of local medical societies. In addition to telling the facts about food supplements and health food lecturers, it will also expose weight reduction schemes and other nutritional "flim-flams."

To underscore the need for an educational campaign against food faddism, Dr. Charles S. Davidson, Boston, Massachusetts, chairman of the American Medical Association's Council on Foods and Nutrition, said:

"Some Americans not only waste their money on food fads, but in many cases actually endanger their health. Federal agents have uncovered peddlers who claim their nutritional products will cure almost any disease.

"The greatest danger comes when sick people abandon accepted therapy to experiment with food fads or when they attempt to treat serious symptoms with nutritional products of unknown reliability instead of going to their family doctors for a checkup."

California M E D I C I N E

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Number 3

The Relationship of Dietary Fat to Atherosclerotic Disease

HARRY BALCH, M.D., STANFORD SPLITTER, M.D., PAUL FLYNN, M.D., and LAURANCE W. KINSELL, M.D., Oakland

No more controversial medical question exists than that of the relationship of diet to atherosclerosis in general, and to coronary atherosclerosis in particular. The following points of view exist:

- 1. In humans, diet bears no relationship to coronary atherosclerosis.
- 2. Dietary factors are the *only* factors of any importance in the etiology of coronary atherosclerosis in humans.
- 3. Dietary factors, in conjunction with hereditary factors and other environmental entities play an important role in the etiology of human atherosclerosis
- 4. Fats are fats and all of them are bad, and therefore, insofar as possible, should be eliminated from the diet if one wishes to keep his coronary arteries in good condition.
- 5. There are major differences in dietary fats, with respect to the pathogenesis of coronary atherosclerosis: Specifically, saturated fats are on the wrong side of the ledger, and the polyunsaturated fats are on the right side of the ledger. (Of the investigators who subscribe to this concept, there are

• Atherosclerosis is the Number One public health problem. Many factors have been implicated in the pathogenesis of this disease. Prominent among these factors is the amount and kind of fat in the diet. The evidence now appears to be conclusive that sufficient quantities of polyunsaturated fat in the diet, with proportional decrease in saturated fat, will result in major decrease in blood lipid. Some evidence indicates that such blood lipid lowering produces a desirable effect upon existing atherosclerosis. Much additional time and work will be required to clarify the prophylactic and therapeutic value of this type of dietary approach.

those who particularly emphasize the inclusion of the polyunsaturated fats, and those who particularly emphasize the elimination of saturated fats.)

- 6. A variety of other dietary factors have been included in a plus-or-minus classification.
- 7. With almost no exception, there is agreement that a diet which results in obesity very significantly increases the tendency to coronary heart disease. This is perhaps the *only* area in which full agreement exists.

One of the major factors that has retarded resolution of the divergent points of view noted above is the existence of pronounced species differences. The same diet administered to a rat and to a mouse can produce very different blood lipid levels and dif-

Part of a Panel Discussion on the California Epidemiological Studies of Coronary Heart Disease presented before the Section on Public Health at the 87th Annual Session of the California Medical Association, Los Angeles, April 27 to 30, 1958.

This work is supported in part by grants from the Armour Laboratories, Carnation Company, Alameda County Heart Association, Yolo County Heart Association and National Institutes of Health.

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For information on preparation of manuscript, see advertising page 2

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EDITORIAL

The Inimical Changes in "Medicare"

REVISIONS BEING MADE by military authorities in "Medicare," a program under which medical care has been supplied by private practitioners to dependents of members of the uniformed services, are destroying some of the very features which once made the plan acceptable to the medical profession.

The plan that was accepted was one in which there was a minimum of regimentation either of patient or physician. The plan as it is now being changed—ostensibly in the interest of economy to stay within a Congressional limitation of funds for the program—will deprive many of these patients of free choice of physician and will offer them only care by military personnel in military hospitals.

Moreover, there appears to be a willingness in military circles to make opportunistic use of these revisions in such a way as to divert into military channels some of the teaching functions traditionally carried out by private hospitals.

Under the new appropriation bill approved by Congress, a top limit has been placed on Medicare funds. To stay within this limit, military authorities have changed the eligibility rules of the program, so that private facilities will, in effect, be available only to the wives and children of military personnel who are domiciled away from the post or home port of the military sponsor or who may be located with the sponsor in a remote area where adequate military medical facilities are not available.

It is still too early to know what effect these restrictions will have but it is obvious that in areas such as San Francisco and San Diego, where military forces are large and military hospitals are similarly large, the referral of military dependents to civilian physicians will dwindle considerably, if not disappear completely.

When medical leaders accepted the Medicare plan some 18 months ago, they agreed to do so princi-

pally on the strength of the following considerations:

- (1) Assurance to military personnel that their dependents would receive medical care would be a strong factor in the morale of the armed forces, and therefore of benefit to the nation.
- (2) Under Medicare as it was before the present changes, these dependents had free choice of physicians, a feature which brought about the treatment of a great majority of them within the framework of private practice rather than as regimented patients in military hospitals.
- (3) Putting the care of military dependents largely in the hands of physicians in private practice eliminated the need for continuing the doctor-draft law, a discriminatory statute which provided for enforced military service for physicians up to age 50. (Other citizens may be drafted only to age 26.)

Now, in an about-face, the morale factor has been damaged and physicians again face the possibility of being drafted into military service, where they will again be called upon to care for civilians. Already Washington authorities are referring sadly to the impending need of resuming the doctor draft.

As to how the diversion of military personnel dependents into armed forces hospitals can impinge upon traditional means of medical training, it is interesting that military officers have complained that the availability of private medical and hospital services to military dependents under Medicare has adversely affected the teaching programs in their hospitals by reducing the clinical material available.

This claim raises a basic question which one day will demand a straight answer. The question: What is the true objective of hospitals owned and operated by the federal government?

Hospitals traditionally have been considered as quarters for sick people while receiving special medical treatment and care that could not be given to them otherwise. This is true whether the hospital

California MEDICAL ASSOCIATION

NOTICES & REPORTS

Council Meeting Minutes 437th Meeting

Tentative Draft: Minutes of the 437th Meeting of the Council, San Francisco, Sheraton-Palace Hotel, June 23, 1958.

By special call of the chairman, in accordance with the provisions of the By-Laws, the Council met in Room 2014 of the Sheraton-Palace Hotel, San Francisco, on Monday, June 23, 1958, at 5:30 p.m. Roll Call:

Present were President-Elect Reynolds, Speaker Doyle, Vice-Speaker Heron, Editor Wilbur and Councilors MacLaggan, Wheeler, Foster, O'Neill, Kirchner, O'Connor, Shaw, Pearman, Davis, Sherman, Lum, Bostick and Teall. Absent for cause, President West, Secretary Daniels and Councilors Todd and Harrington.

A quorum present and acting.

Present by invitation were Messrs. Hunton, Clancy, Gillette and Whelan of C.M.A. staff; county executive secretaries Geisert, Rosenow, Pettis, Field, Foster and Nute; and Doctors Henry Gibbons III, Robertson Ward, John Rumsey, A. A. Morrison, D. A. Charnock, Francis J. Cox, Eugene F. Hoffman, John W. Cline, J. Lafe Ludwig, J. J. Crane and Frank A. MacDonald.

1. Medical Care for Military Dependents:

Chairman Lum announced the purpose of the meeting as a discussion on the advisability of the Association's sending one or more representatives to Washington, D. C., to place before a subcommittee of the U. S. Senate Committee on Appropriations the views of the Association on a proposed reduction in the budget which would decrease funds available for the "Medicare" program and would limit or eliminate the right of the military dependents to exercise free choice of physician.

Mr. Whelan reported on a visit he had made to Washington, during which he was assured that a representative of the Association would be permitted to appear before the subcommittee.

Doctor John Rumsey read, paragraph by paragraph, a statement which had been prepared for presentation to the subcommittee in the event an Association representative were authorized to appear. Discussion was held on each section of the proposed statement, which based the Association's objections to the proposed budget reduction on the resultant disallowance of free choice of physician by military dependents. After discussion and amendment, on motion duly made and seconded, the statement was approved as representing the Association's point of view.

Following additional discussion, on motion duly made and seconded, it was voted that Doctor Rumsey be authorized to appear before the subcommittee of the U. S. Senate Committee on Appropriations and present the statement as adopted. It was recognized that questions beyond the scope of the statement might be asked of Doctor Rumsey as a witness and it was agreed that his replies to such statements should be based upon the concept of free choice of physician by the patient.

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Effectiveness of Anti-Fever Drugs

The anti-fever drug salicylamide offers some advantages in administration but is no more effective than acetylsalicylic acid in combating high temperatures in young children. Writing in the August 9 issue of the Journal of the American Medical Association, Drs. Alfred J. Vignec and Mary Gasparik, New York City, said, "salicylamide suspension proved superior to aspirin in ease of administration, better acceptability, and control of dosage." They also observed that both drugs "controlled fever equally well and with the same number of doses."

Salicylamide's advantage of easy administration, the physicians feel, eliminates two of the basic undesirable attributes of acetylsalicylic acid in the pediatric field. These are taste, and the difficulty in preparing a stable liquid preparation for small children who cannot take or who resist medicaments in tablet form.

Adding flavors to acetylsalicylic acid to improve the taste inevitably raises the problem of tempting the youngsters to regard the drug as candy, with possible serious consequences through overindulgence. When tablets are broken or crushed for administration, accuracy of dosage is lost and what remains is a gritty substance, difficult to administer. The comparative study of the two drugs included 512 patients under the age of three years. Their only clinical symptom at the time of initial examination was pyrexia.

Results of the test showed that control of fever was gained in 42.3 per cent of the patients.

A comparison of the drugs indicates that salicylamide was effective in 42.9 per cent of those cases and control was obtained in 45.6 per cent of the patients receiving acetylsalicylic acid.

The physicians said that failure to reduce the temperature "occurred more frequently with the salicylamide trials than with aspirin." They also pointed out that in the event of failure by either drug to stabilize the patient after three or four trials, other treatment was introduced.

Throughout the course of the study, the physicians said, "neither salicylamide nor aspirin produced any evidence of sensitivity or toxicity."

The data gained from the study "seems to indicate that aspirin could produce greater drops in temperature and control pyrexia of higher degree than could salicylamide," they said.

To prove this point conclusively, the physicians feel that a more extensive study is needed where a balancing of cases could be achieved by alternating the drugs on the basis of starting temperatures.

Freedom for Medicine

The president of the American Medical Association recently said, "medicine is interdependent with the business and economic life of the nation and is caught up in all the countless cross-currents of public interest, public opinion, and political action."

This, he said, "creates a variety of problems arising from different viewpoints and ideologies, but it also presents many challenging opportunities for leadership, cooperation, and understanding."

These feelings were advanced by Dr. Gunnar Gundersen, La Crosse, Wisconsin, in an article appearing in the seventy-fifth anniversary edition (July 12) of the Journal of the American Medical Association.

Despite this interdependence, the physician said, "the future of American medicine is bright, if we can continue to work in an atmosphere of freedom motivated by the dual spirit of enterprise and cooperation."

He noted that this atmosphere of freedom has enabled medical science to advance "more in the past century than it had in the previous 3,000 years."

In discussing these accomplishments, Dr. Gundersen called particular attention to:

- —the discovery that bacteria and other living organisms cause infectious diseases.
- -insects, parasites, and other animals transmit disease.

- —immunization and quarantine procedures which have helped to prevent disease.
- —the development of sulfonamides and antibiotics to combat pneumonia and other bacterial infections.
- —use of chemicals and hormones to combat tuberculosis, malaria, high blood pressure, arthritis, and other chronic ailments.
 - —development of antihistamines to fight allergies.
- —use of tranquilizing drugs in combating mental disease and alcoholism.
- -reduction of diseases of deficiency with the use of vitamins.

This medical progress, Dr. Gundersen said, "has made drastic cuts in the incidence and death rates of many diseases which once were serious health problems. It has increased the average life expectancy at birth almost 23 years since 1900."

In the future, the American Medical Association president expects medical emphasis to shift from the infectious communicable diseases to the chronic or degenerative diseases which take their toll in later life

Among these he listed: Heart disease, arteriosclerosis, high blood pressure, cancer, arthritis, and similar ailments.

Dr. Gundersen also feels that increased attention will be focused on neurological diseases, mental

(Continued on Page 76)

Freedom for Medicine

(Continued from Page 70)

illness, emotional disorders, and respiratory ailments, such as the common cold, hay fever, asthma, and sinusitis.

He said "new developments in electronics and atomic medicine will reveal a multitude of facts concerning cardiovascular diseases, cancer, mental and nervous disorders, and various chronic ailments."

The future, the physician said, "will see even

greater emphasis on disease prevention, maintenance of good health, and effective rehabilitation of the disabled."

"Modern medicine has progressed over the years not simply through its own efforts but also by virtue of the help and cooperation given by the many segments of American life."

Recurring migraine headaches are by far the most common chronic conditions which cause episodes of illness, followed by asthma and hayfever.

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Medicine and Religion Fight Alcoholism

Medicine and religion have joined forces in a concerted effort to stamp out alcoholism.

"With the possible exception of mental illness, no single bodily disease is receiving so much concurrent attention from medicine and religion as is alcoholism," according to a special article in the July 19 issue of the Journal of the American Medical Association.

This close rapport of clergymen and physicians has brought about a beneficial interchange of attitude and action toward the alcoholic. It is now realized "that the moral implications of alcoholism are primarily effects rather than causes of the disease," the article pointed out.

Compulsive drinking "is immune to punishment and sermonizing." Alcoholism "is a disease which is best assailable under a compassionate and concerted attack by many segments of society." One reason that alcoholism is such a difficult disease is that its exciting agent, alcohol, is a two-faced creature—a liquid that holds both good and evil, that can provide release or can enslave.

. "Drink has taken five million men and women in the United States . . . and new acquisitions are going on at the rate of 200,000 a year."

"The disease that lurks in alcohol is a fickle-tyrant—choosing, unexplainably, the one drinker

out of every 16 over whom it is able to exert complete control," the article stated.

Attention was also called in the article and accompanying editorial to the fact that the great majority of drinkers cannot acquire this sickness no matter how hard they may try.

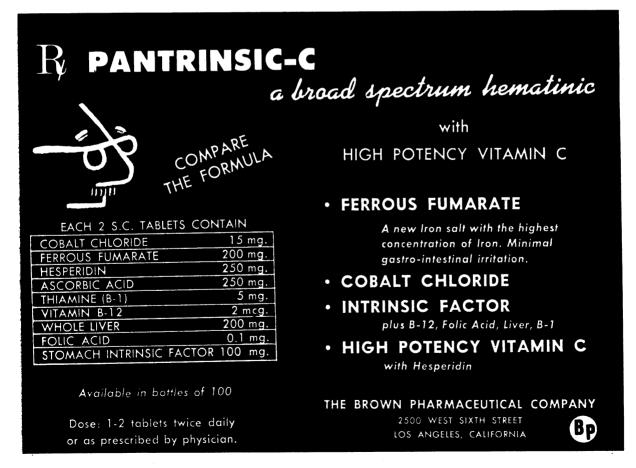
Alcoholism, like cancer, the article said, "cannot be implanted in simply anyone by physiological means alone."

There is no known cause of alcoholism, no specific treatment, no foolproof method of picking out victims in advance. "An alcoholic's proneness to the disease is a secret between him and the bottle," said Dr. Marvin Block, Buffalo, New York, chairman of the American Medical Association's committee on alcoholism.

In the same article, Dr. Gunnar Gundersen, La Crosse, Wisconsin, president of the American Medical Association, said "the physician can restore the alcoholic's physical health, calm him mentally, and at the same time help him to meet basic human problems."

The ultimate solution, he added, may have to come from the patient's religious counselor, spouse, employer, or whatever source might hold the trump card in an individual case.

There is evidence already, the article continued, (Continued on Page 102)



BOOKS RECEIVED

Books received by CALIFORNIA MEDICINE are acknowledged in this column. Selections will be made for more extensive review in the interests of readers as space permits.

ADVANCES IN INTERNAL MEDICINE—Volume IX—1958. Editors: William Dock, M.D., State University of New York College of Medicine at New York City; and I. Snapper, M.D., Beth-El Hospital, Brooklyn; The Year Book Publishers, Inc., 200 East Illinois St., Chicago 11, Illinois, 1958. 311 pages, \$8.50.

ALCOHOLISM—Arnold Z. Pfeffer, M.D., Formerly Associate Clinical Professor of Psychiatry, College of Medicine of New York University. Grune & Stratton, New York, 1958. 98 pages, \$6.50.

ALCOHOLISM AND CALIFORNIA RELATED STATISTICS—1900-1956—State of California Department of Public Health—Prepared for the Division of Alcoholic Rehabilitation, John R. Philp, M.D., Chief. 127 pages. California State Printing Office.

CARE OF THE PATIENT IN SURGERY INCLUDING TECHNIQUES, THE (Third Edition)—Edythe Louise Alexander, R.N., B.S., M.A., Director of Nursing Service and Principal of the School of Nursing, Lutheran Medical Center, Brooklyn, N. Y. The C. V. Mosby Company, St. Louis, 1958. 840 pages, with 555 illustrations, including 5 in color, \$12.75.

CEREBROSPINAL FLUID, THE, Production, Circulation and Absorption—Ciba Foundation, Symposium—G. E. W. Wolstenholme, O.B.E., M.A., M.B., B.Ch., and Cecilia M. O'Connor, B.Sc., Editors for the Ciba Foundation. Little, Brown and Company, Boston, 1958. 335 pages, with 141 illustrations, \$9.00.

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PHYSICIANS HANDBOOK—10th Edition—Marcus A. Krupp, M.D., Associate Clinical Professor of Medicine, Stanford University School of Medicine, San Francisco; Director, Palo Alto Medical Research Foundation, Palo Alto; Norman J. Sweet, M.D., Associate Professor of Medicine, University of California School of Medicine, San Francisco; Ernest Jawetz, Ph.D., M.D., Professor of Microbiology and Lecturer in Medicine and Pediatrics, University of California School of Medicine, San Francisco; and Charles D. Armstrong, M.D., Assistant Clinical Professor of Medicine, Stanford University School of Medicine, San Francisco. Lange Medical Publications, Los Altos, California, 1958. 500 pages, \$3.00.

PRACTICE OF NUCLEAR MEDICINE, THE—William H. Blahd, M.D., Chief, Radioisotope Service, Veterans Administration Center, Los Angeles, California; Franz K. Bauer, M.D., Chief, Outpatient Services, Los Angeles County Hospital; Associate Clinical Professor of Medicine and Coordinator of Radioisotope Research, University of Southern California School of Medicine, and Benedict Cassen, Ph.D., Chief, Medical Physics Section, Atomic Energy Project and Clinical Professor of Biophysics, University of California at Los Angeles School of Medicine. Introduction by Paul Aebersold, Ph.D., Assistant Director of Isotopes and Radiation, Division of Civilian Application, United States Atomic Energy Commission. Foreword by Joseph F. Ross, M.D., Associate Dean, Professor of Medicine and Radiology, School of Medicine, University of California at Los Angeles. Charles C. Thomas, Springfield, Illinois, 1958. 407 pages, \$12.50.

PROGRESS IN CARDIOVASCULAR DISEASES—Progress in Cardiac Surgery—Edited by Charles Friedberg, M.D. A Quarterly Publication. Grune & Stratton, Inc., 381 Fourth Avenue, New York City 16. Volume 1, Number 1, 108 pages. Price: Subscription to Volume 1 (four successive issues) \$8.00 in U.S.A., \$10.00 elsewhere; single-issue price, \$3.00.

READINGS IN MEDICAL CARE—Edited by the Committee on Medical Care Teaching of the Association of Teachers of Preventive Medicine. The University of North Carolina Press, Chapel Hill, 1958. 708 pages, \$6.50.

ROENTGEN-DIAGNOSTICS—Progress Volume 1—H. R. Schinz, R. Glauner, E. Uehlinger; with the collaboration of W. E. Baensch, J. E. W. Brocher, U. Cocchi, G. Glocker, W. Hess, R. Janker, O. Norman, R. Prevot, G. Schoch, E. Uehlinger, S. Welin, J. Wellauer, E. Zdansky. Translated from the German by James T. Case, M.D., D.M.R.E. (Cambridge). Grune & Stratton, Inc., New York, 1958. 623 pages, with 545 figures containing 892 illustrations, \$35.00.

THERAPEUTIC USES OF ADHESIVE TAPE—2nd Edition—Johnson & Johnson, New Brunswick, New Jersey, 1958. 130 pages, distributed to physicians and athletic trainers, upon request. No price.

WAKING BRAIN, THE—H. W. Magoun, Ph.D., Department of Anatomy, School of Medicine, University of California, Los Angeles, California; Veterans Administration Hospital, Long Beach, California. Charles C. Thomas, Publisher, Springfield, Illinois, 1958, 138 pages, \$4.75.

Medicine and Religion Fight Alcoholism

(Continued from Page 86)

"that, while more effective alcoholism case-finding is bringing this illness out into the open, consumption of alcoholic beverages on a per capita basis is dropping sharply.

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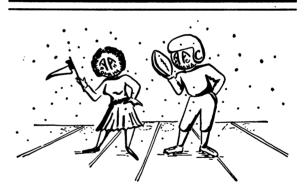
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